Name in Full Edward Adams

Certificate of Death

Town

Died at County Somerset County MARYLAND

Date 19 04 Month October Day 22 | Age Y. 20 M. 9 D. 9 | Native of Md | Occupation Sailor

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced / Number of children living

Husband of — | —

Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary accident — 172

Immediate drowning

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Thomas H. Ward

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889

Name in Full

Certificate of Death

Mollie Billingham

Town

Died at Tinytown

County

Somerset

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date ~~Feb~~ 1904	Oct 1	Age	5		Maryland	

~~Male~~, Female | White, ~~Colored~~ | ~~Married~~, Single | ~~Widow~~, ~~Widower~~ | ~~Divorced~~ | Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name James Billingham

Mother's Name Elizabeth

Cause of Death — Primary: Malaria (15) — How long sick: 5 mos

Immediate: Malaria — ~~Accident, Suicide, Homicide~~

Reported by J. Redmans M.D.

Address Princess City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: George Carroll

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Marion — County: Somerset

Date of death 1904 — Month: Oct — Day: 9 — Age — Years: 69 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Somerset Co.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Christie Conwell

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Moses Howard — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis 27 — How long: 2 yrs

Immediate: Pulmonary Tuberculosis — How long: 9 Mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. E. Mullins

Address: Crisfield

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Jamestown (County) Somerset

Date of death 1904 (Month) October (Day) 22 (Years) Age 17 (Months) 8 (Days)

Sex Male | Color or Race Black | Birthplace Somerset Co. Md.

Occupation Farming | Where Residing if not at place of death

Married, Single or Widowed Single | Name of Wife or Husband

Father's Name Peter Collins | Father's Birthplace Somerset Co

Mother's Maiden Name Henrietta Tarpin | Mother's Birthplace Somerset Co

Name of person giving Imformation Geo. H. Hall, Undertaker | How related to deceased none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Consumption | How long 6 months

Immediate Hemorrhage | How long

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: John Henry Roosevelt Cottingham

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Marion Station (County) Somerset

Date of death 1904 (Month) Oct. (Day) 12 (Age) Years 1 Months Days 26

Sex: Male

Color or Race: Black

Birthplace: Somerset Co. Md.

Occupation:

Where Residing If not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Garfield Cottingham

Father's Birthplace: Worcester Co. Md.

Mother's Maiden Name: Clara R. Miles

Mother's Birthplace: Somerset Co. Md.

Name of person giving Information: Garfield Cottingham

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum 105

How long: 4 weeks

Immediate: Exhaustion

How long: two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O B Elmer M.D.

Address: Marion Station Somerset County

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: Littleton Isaac. Crofts

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Somerset

Date of death: 1904 — Month: 10 — Day: 17 — Years: Age 16 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Somerset Co Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: Isaac Crofts — Father's Birthplace: Va

Mother's Maiden Name: Ellen Broadwater — Mother's Birthplace: Va

Name of person giving Information: Isaac Crofts — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 2 mon.

Immediate: Exhaustion following Hemorrhage — How long: some days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H N Willis

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Isabella Pauline Cullen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kingston; County: Somerset

Date of death: Month: Oct.; Day: 6; 1904

Age: Years: —; Months: 4; Days: 1

Sex: Female; Color or Race: White; Birthplace: Kingston, Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

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Father's Name: Hardy B. Cullen; Father's Birthplace: Hopewell Md.

Mother's Maiden Name: Olethia Blanche Miles; Mother's Birthplace: Marion, Md.

Name of person giving Information: Olethia Blanche Cullen; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition, due to Dyspepsia; How long: Since birth

Immediate: Exhaustion; How long: one day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D B B Cullen M D

Address: Marion Station Somerset County

Accident or Suicide?

LIBRARY BUREAU A6616

Name in Full: William Elliott

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Crisfield — County: Somerset

Date of death 1904 — Month: Oct — Day: 30 — Age: Years 43 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Nanticoke Md

Occupation: Oysterman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Sallie Elliott

Father's Name: Robert Elliott — Father's Birthplace: Nanticoke Md

Mother's Maiden Name: Henrietta Sandford — Mother's Birthplace: Nanticoke Md

Name of person giving Information: Sallie Elliott — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diarrhoea 106 — How long: 6 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall

Address: Crisfield Md

Accident or Suicide? no

LIBRARY BUREAU A8B516

Name in Full: Rose Fidgett

CERTIFICATE OF DEATH

MARYLAND

Died at: near Shelltown | Town | County: Somerset

Date of death 1904	Month: 10	Day: 28	Age: Years 19	Months 6	Days 1

Sex: female | Color or Race: Colored | Birthplace: near Shelltown

Occupation: | Where Residing if not at place of death: near shelltown

~~Married~~ Single ~~or Widowed~~ | Name of Wife or Husband:

Father's Name: Sam Fidgett | Father's Birthplace: Virginia

Mother's Maiden Name: Lizzie Blanchamp | Mother's Birthplace: Rehoboth Md

Name of person giving Information: John Roberts | How related to deceased: no Relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: | How long:

Immediate: Heart Failure 179 | How long: two Weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes | Signature of Physician: none in attendance

Address:

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: John Fields

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edon — County: Somerset

Date of death: Month: 1904 Oct — Day: 2 — Age: Years: 82 — Months: 9 — Days: 9

Sex: male — Color or Race: White — Birthplace: Sharpsburg

Occupation: — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~: — Name of Wife or ~~Husband~~: Caroline Jenkins

Father's Name: Geo Fields — Father's Birthplace: —

Mother's Maiden Name: Eliza Jenkins — Mother's Birthplace: —

Name of person giving information: Peter W. Turner — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: — How long: 79

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: J. B. Long

Address: Allen Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Sarah Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Creek — County: Somerset

Date of death: Month: Oct — Day: 20 — Year: 1904 — Age: 27 Years — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Fremon Jones

Father's Name: Mager Price — Father's Birthplace: Md

Mother's Maiden Name: Margret Jones — Mother's Birthplace: Md

Name of person giving Information: Fremon Jones — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculios — How long: 6 mo

Immediate: Asthenia — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Windsor

Address: Deals Quarter Md Somerset County

Accident or Suicide?

LIBRARY BUREAU A88015

Turbinaceae

Name in Full: John M Landon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crisfield; County: Somerset

Date of death: Month: 10; Day: 11; Years: 77; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Crisfield Md

Occupation: Oysterman; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife ~~or Husband~~: Sarah Landon

Father's Name: John Landon; Father's Birthplace: Crisfield Md

Mother's Maiden Name: Susan Sanford; Mother's Birthplace: Crisfield

Name of person giving information: —; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening of Brain; How long: 6 months

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W F Hall

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John H. Holland

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Crisfield — County: Somerset

Date of death: Month 10 — Day 19 — 1904 — Age: Years 76 — Months 6 — Days 13

Sex: Male — Color or Race: White — Birthplace: Hopewell, Md

Occupation: Farmer — Where Residing if not at place of death: Hopewell, "

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah A. Holland

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John S. Holland — Father's Birthplace: Somerset Co

Mother's Maiden Name: Nancy Miles — Mother's Birthplace: "

Name of person giving In formation: Mrs. Marie L. Somers — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 12 Mos. 8 days

Immediate: Apoplexy — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Somers

Address: Crisfield, Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Lilly D. Freeman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Deals Island — County: Somerset

Date of death 1904 — Month: Oct — Day: 3 — Age — Years: — Months: 4 — Days: —

Sex: Female — Color or Race: White — Birthplace: Deals Island

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Samuel Freeman — Father's Birthplace: D Island

Mother's Maiden Name: Jennie Thomas — Mother's Birthplace

Name of person giving In formation: Samuel Freeman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insanity — How long: 2 Mos.

Immediate: Asthenia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: I. Dyer Alexander

Address: Deal Island

Accident or Suicide?

LIBRARY BUREAU A8S516

Name
Mrs Sallie Matthews.—

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Linkoma County: Somerset

Date of death 1904: Month: Oct Day: 4

Age: Years: 62 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Accomico Co

Married, Single or Widowed: Widow Occupation: —

Name of ~~Wife or~~ Husband: Levin Matthews — Dead

Father's Name: Henry Majors — Father's Birthplace: —

Mother's Maiden Name: Unknown Mother's Birthplace: —

Name of person giving information: Levin Taylor How related to deceased: Nephew

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's + Mitral Regurgitation How long: Several years

Immediate: Asthenia + Nephritis How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. T. Coulbourn, M.D.

Address: Crisfield, Md.

Accident or Suicide?

LIBRARY BUREAU A99810

Name in Full: Mrs Mollie Ross

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Upper Fairmount — County: Somerset

Date of death 1904: Month: Oct — Day: 22 — Age: Years: 39 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Somerset Co

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband: Theodore Ross

Father's Name: Henry Adams — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Miss Blanche Ross — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. E. Dickinson

Address: Upper Fairmount Md

Accident or Suicide?: —

LIBRARY BUREAU A88516

Thos. W. Landon
Landonville
Md.

Name in Full: Esther Snead Russell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crisfield — County: Somerset

Date of death 190 4 — Month: Oct — Day: 7 — Age: Years 7 3 — Months 2 — Days

Sex: Female — Color or Race: White — Birthplace: Hopewell Md

Occupation: Housekeeping — Where Residing if not at place of death: +

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Joseph Russell

Father's Name: Levi Dougherty — Father's Birthplace: Hopewell Md

Mother's Maiden Name: Esther — Mother's Birthplace: Hopewell Md

Name of person giving Information: Wm H. Dougherty — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvula disease of Heart — How long: 2 years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Hall M.D.

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: George H. Selby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairmount — County: Somerset

Date of death 1904: Month: Oct — Day: 4 — Years: Age 70 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Fairmount

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Mary Selby

Father's Name: Covey Selby — Father's Birthplace: —

Mother's Maiden Name: Addie Selby — Mother's Birthplace: —

Name of person giving In formation: Geo Hall — How related to deceased: None —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

29

Primary: — — How long

Immediate: Intestinal Tuberculosis — How long: About 1 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. E. Dickinson

Address: Upper Fairmount Md.

Accident or ~~Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68518

Name in Full

James G. Simonson

Certificate of Death

Died at Town: Crisfield County: Somerset MARYLAND

Date 1904 Month: 10 Day: 20 | Age Y.: 84 M.: — D.: — | Native of N. J. | Occupation None

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary Diarhoea 106 | How long sick 17 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by G. T. Simonson

Address Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full: Rachel Henry Somers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hopewell — County: Somerset

Date of death: Month: 10 — Day: 30 — 1904

Age: Years: 76 — Months: 11 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Manokin, Md.

Occupation: Housewife — Where Residing if not at place of death: Hopewell, Md.

Married, Single or Widowed: Widow — Name of Wife or Husband: Michael Somers

Father's Name: Rafe Corbin — Father's Birthplace: Manokin.

Mother's Maiden Name: Sallie Milligan — Mother's Birthplace: Manokin

Name of person giving In formation: J. F. Somers — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis 90 — How long: 10 days

Immediate: Heart Failure — How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Somers

Address: Somerfield Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Geo Porter Webster II

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deals Island; County: Somerset

Date of death: 1904 Month: Oct Day: 6

Age: Years: — Months: — Days: 3

Sex: Male

Color or Race: White

Birthplace: Deals Island

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Geo. Webster

Father's Birthplace: Del. Isl.

Mother's Maiden Name: Rosa Somers

Mother's Birthplace: Deal Isl.

Name of person giving Information: 150

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malformation (?) (Renal).

How long: 3 days

Immediate: Collapse

How long: 2-or 3 hours-

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Alexander

Address: Deals Island Somerset Co.

Accident or Suicide?

LIBRARY BUREAU A88016